



# County Elected Officials Training Incentive Program

## New/Updated Elected Official Information

Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_

## Elected/Appointed Position

(Check the appropriate office)

\_\_\_\_\_ Judge Executive \_\_\_\_\_ Commissioner \_\_\_\_\_ Sheriff

\_\_\_\_\_ Magistrate \_\_\_\_\_ County Clerk \_\_\_\_\_ Jaier

First Day Served In Office: \_\_\_\_\_

I choose to participate in the County Elected Officials Training Incentive Program

*Initial by the appropriate response*

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*By signing I verify that the above information is correct & accurate.*

Governor's Office for Local Development  
Office of Financial Management and Administration  
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